

WOMEN'S HEALTH
AND FAMILY PLANNING

ASSOCIATION OF TEXAS

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STATEMENT OF

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FOR A HEARING ON

PROTECTING TITLE X AND SAFEGUARDING QUALITY FAMILY
PLANNING CARE

BEFORE

HOUSE ENERGY AND COMMERCE COMMITTEE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

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Chairman Pallone, Chairwoman DeGette, Ranking Member Walden, Ranking Member Guthrie and members of the Subcommittee –

Thank you for holding this hearing and inviting me to testify. My name is Kami Geoffray and I am the Chief Executive Officer of the Women’s Health and Family Planning Association of Texas, where I oversee the administration of the second-largest Title X family planning services grant award in the nation. We are proud to have served as the statewide Title X grantee for Texas since 2013 and to be an active member of the National Family Planning and Reproductive Health Association, also represented on the panel today. I am honored to testify today on behalf of our 37 Title X sub-recipient agencies operating more than 140 service sites across Texas, as well as on behalf of the nearly 200,000 women, men, and adolescents we serve each year with Title X funding.

I have been working to advance people’s access to reproductive health care in Texas since 2012. I am here today to tell you about the serious challenges faced by the family planning safety net providers in my state and the clients they serve, and to share my concerns that, if implemented, the changes the current administration seeks to impose on the Title X family planning program will reduce people’s access to critical reproductive health services in communities across the country, mirroring what we experienced in Texas in recent years. I also am here to tell you about the role Title X grantees and sub-recipients play in providing client-centered, high-quality family planning services to over 4 million individuals each year—services informed by the unique needs of each community and delivered with respect and dignity for each individual.

The Texas experience serves as a cautionary tale of the deeply harmful consequences that can result when policymakers target particular safety net family planning providers. During the 2011 legislative session, state lawmakers made a series of funding and policy decisions that ultimately resulted in 82 family planning clinics (one out of every four in the state) closing or reducing hours, restricting access to critical reproductive health services across the state.¹ The intended target was safety net family planning providers that also provide abortion services or affiliate with abortion service providers—Planned Parenthood affiliates specifically. These providers were indeed blocked from participating in the family planning programs administered by the state. And the consequences reached much further: two-thirds of the clinics impacted were family planning providers that had no affiliation with abortion service providers,² and tens of thousands of Texans lost access to services. Coupled with the loss of the state’s Medicaid family planning waiver, all state-funded family planning programs experienced a dramatic decline in the

¹ Kari White, Kristine Hopkins, Abigail Aiken, Amanda Stevenson, Celia Hubert, Daniel Grossman, and Joseph E. Potter, *The impact of reproductive health legislation on family planning clinic services in Texas*, *American Journal of Public Health* 105(5):851-858 (2015) (finding that after the family planning budget was cut from \$111 million to \$38 million, 82 Texas family planning clinics closed or stopped providing family planning services). *See also* Joseph E. Potter and Kari White, *Defunding Planned Parenthood was a disaster in Texas. Congress shouldn’t do it nationally*, *Washington Post*, February 7, 2017, <https://www.washingtonpost.com/posteverything/wp/2017/02/07/defunding-planned-parenthood-was-a-disaster-in-texas-congress-shouldnt-do-it-nationally>.

² White, et. al. (2015), *supra* note 1 (finding that following 2011 cuts two-thirds of the clinics that closed were not Planned Parenthood clinics).

number of clients served,³ and the further impact of reduced access to reproductive health services was quickly observed: contraceptive use decreased while the rates of unintended pregnancies and abortions increased.⁴

Faced with the considerable consequences to individuals and public health, Texas lawmakers created a new program during the 2013 legislative session—the Expanded Primary Health Care Program—that sought to integrate family planning and primary care. The Texas Legislature invested \$100 million in this program, technically restoring funding to pre-2011 levels. A study of the effectiveness of the program concluded that many primary care organizations in Texas lacked the capacity to provide the kind of evidence-based family planning services that women's health organizations had been providing for decades.⁵ The study also found that clinicians in primary care organizations often lacked training to provide long-acting reversible contraceptive (LARC) methods, and reported employing contraceptive protocols that were not evidence-based.⁶ Moreover, despite this new program, the number of clients served in the state-funded family planning programs did not rebound to previous levels.

Texas lawmakers once again increased their investment in family planning programs in 2015, appropriating an additional \$50 million.⁷ By 2017, the number of clients served had finally started trending in the right direction—in part due to substantial new investments to increase enrollment and in part due to an increase in participation by family planning providers focused on reproductive health care (although providers that also provided abortion services or affiliated with abortion service providers continued to be excluded, as well as providers that objected to signing the required attestation). Yet, despite substantial new funding and efforts to boost enrollment, it appears that state-funded programs still were not serving as many women in 2018 as they did in 2011⁸—even though Texas experienced significant population growth during the

³ *Id.* (finding that following 2011 cuts 54% fewer clients were served).

⁴ Joseph Potter & Kari White, *Health Cuts by Legislature Have Made Texas Childbirth Riskier*, Waco Tribune Herald (August 30, 2016), http://www.wacotrib.com/opinion/columns/guest_columns/joseph-e-potter-kari-white-texas-perspectives-health-cuts-by/article_53277ccc-5f33-5f80-9100-c7c8e7ed37f1.html. See also C. Woo, H. Alamgir, & J. Potter, *Women's experiences after Planned Parenthood's exclusion from a family planning program in Texas*, *Contraception*, 93(4), 298-302 (2016) (concluding that injectable contraception use was disrupted as a result of changes to the state-funded family planning program) and A. Stevenson, I. Flores-Vazquez, R. Allgeyer, P. Schenkkan, & J. Potter, *Effect of removal of Planned Parenthood from the Texas Women's Health Program*, *New England Journal of Medicine*, 374(9), 853-860 (2016) (concluding that the exclusion of Planned Parenthood affiliates from a state-funded replacement for a Medicaid fee-for service program in Texas was associated with adverse changes in the provision of contraception, a reduction in the rate of contraceptive continuation, and an increase in the rate of childbirth covered by Medicaid).

⁵ Kari White, Kristine Hopkins, Daniel Grossman, and Joseph E. Potter, *Providing family planning services at primary care organizations after the exclusion of Planned Parenthood from publicly funded programs in Texas: Early qualitative evidence*, *Health Services Research* 53(4, Part II): 2770-2786 (2018).

⁶ *Id.*

⁷ Legislative Budget Board, *Women's Health Funding Infographic* (September 2016), https://www.lbb.state.tx.us/Documents/Publications/Info_Graphic/3040_Womens_Health_Funding.pdf.

⁸ Stacey Pogue, *Good and Bad News on Family Planning in New Health and Human Services Report*, Center for Public Policy Priorities CPPP Blog (April 27, 2018), <http://bettertexasblog.org/2018/04/good-and-bad-news-on-family-planning-in-new-health-and-human-services-report/>. See also Texas Health and Human Services Commission, *Texas Women's Health Programs Report Fiscal Year 2018* (May 2019), <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/tx-womens-health-fy2018-annual-report-may-2019.pdf>

same period.⁹ Of course, this is about more than just data. Every Texan who lost access to critical reproductive health services during this tumultuous time was impacted in ways that we will never be able to measure at the population level and that have the potential to change the trajectory of a person's life. The stories of people no longer able to access wanted, needed reproductive health care are not often told in reports or studies,¹⁰ but I urge you to remember that each funding and policy decision you make impacts a very real person who relies on the publicly funded programs you are charged with appropriating and legislating.

Overall, the Texas experience teaches us that, once lost, access to critical reproductive health services is difficult or impossible to reestablish. Over four legislative sessions, as documented in the chart below (showing spending on women's health programs for fiscal years 2006 through 2021),¹¹ Texas invested significant amounts of general revenue funding to bolster a family planning safety net that was weakened by a series of the Texas Legislature's decisions: to cut the state's family planning program funding by two-thirds, tier remaining funding, and distribute funds to those providers less likely to see high volumes of family planning clients. Today, nearly a decade later, the number of clients served annually in the state-funded family planning programs appears to be lower than the number served in 2011—despite subsequent reinvestments. In essence, the Texas Legislature gutted its family planning infrastructure, and found that increasing funding could not make up for the loss of so many qualified family planning providers. Meanwhile, years of progress and institutional knowledge were lost and may never be regained. In the state with the highest rate of uninsured individuals¹² and with 1.8 million women in need of publicly funded contraception,¹³ it is nothing short of tragic to eliminate access to critical reproductive health care through the enactment of misguided policies.

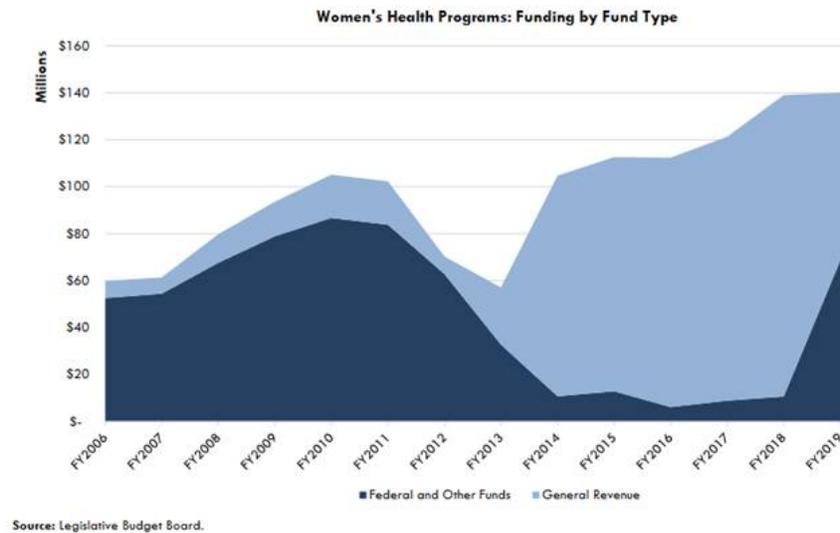
⁹ Derick Moore, *Texas Added the Most People but California Still Most Populous*, America Counts: Stories Behind the Numbers, (January 16, 2018), <https://www.census.gov/library/stories/2018/01/state-pop-tableau.html> (reporting Texas had the most growth with 3,555,731 people added, a 14.1% increase, from April 1, 2010 to July 1, 2018).

¹⁰ Kristine Hopkins Kristine, Kari White, Fran Linkin, Celia Hubert, Daniel Grossman, and Joseph E. Potter, *Women's experiences seeking publicly funded family planning services in Texas*, Perspectives on Sexual and Reproductive Health 47(2):63-70 (2015) (finding that although most women who participated in focus groups conducted a year after legislation that reduced access to family planning services was enacted were not aware of legislative changes, they reported that in the past year they had had to pay more for previously free or low-cost services, use less effective contraceptive methods or forgo care).

¹¹ Legislative Budget Board, Health and Human Services Commission Summary of Recommendations – Senate (January 2019), http://www.lbb.state.tx.us/Documents/SFC_Summary_Recs/86R/Agency_529.pdf.

¹² Matthew Buettgens, Linda J. Blumberg, and Clare Pan, *The Uninsured in Texas: Statewide and Local Area Views*, Urban Institute (December 2018), https://www.episcopalhealth.org/files/2715/4447/0560/201812.10_Uninsured_in_Texas_FINAL.pdf (estimating that 19% of Texas residents lack health insurance coverage, which is nearly twice the national average).

¹³ JJ Frost et al., *Contraceptive Needs and Services, 2014 Update*, Guttmacher Institute (2016), <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.



If the Women’s Health and Family Planning Association of Texas had not been granted the statewide administration of the Title X grant in 2013, I fear that the impacts to the family planning safety net would have been even greater. Title X funding, as administered by our organization, assisted Title X sub-recipients in reestablishing access points and in increasing the number of clients served. Our organization was able to restore Title X funding to approximately half of the 23 organizations that lost funding in 2011, but other organizations no longer existed or had stopped providing family planning services. If the current administration adopts policies similar to those piloted in Texas within the Title X family planning program, I am concerned that the Texas family planning safety net may not survive further destabilization.

Additionally, I am worried for my colleagues across the nation that they, too, may experience what we have in Texas. The Title X rule finalized by the current administration seeks to implement several of the misguided policies piloted in Texas: forcing family planning providers that also provide abortion services from the program and prioritizing primary care providers over those focused on reproductive health care. If implemented, these policy proposals will reduce access to family planning services and likely result in similarly negative outcomes as those seen in Texas in recent years.

I fear that the most qualified Title X providers will end their participation in the program because of overly burdensome requirements, government interference with the patient/provider relationship, and the enforcement of policies that are not evidence-based. In Texas, many providers that are qualified to participate in state-funded family planning programs choose not to do so because they object to the state’s requirement that all providers attest that they do not perform or promote elective abortions, or affiliate with providers who perform or promote elective abortions. Others object to the state’s decision to exclude emergency contraception from its list of covered contraceptive methods. Should this administration be allowed to undermine evidence-based and client-centered services and interfere with the patient/provider relationship in the Title X family planning program, our experience in Texas shows that we risk the loss of qualified providers and, in turn, reduced access to high-quality family planning services in communities across the country.

In closing, I would like to speak a bit about the qualified providers of high-quality family planning services that make up the Title X grantee and sub-recipient network. We develop health care networks that are informed by the communities we serve, and that are as diverse as the geography and demographics of the states in which we work. We work diligently to ensure that the federal dollars that we have been entrusted with administering are used to support evidence-based, client-centered family planning care of the highest quality—informed by the Quality Family Planning recommendations jointly developed by the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) and first published in 2014.¹⁴ We implement detailed systems to ensure compliance with program statutes, regulations, and legislative mandates at the grantee and sub-recipient levels. We support family planning safety net providers who often do not have the financial or human resources to navigate the constantly changing funding and policy realities that exist at the federal, state, and local levels. Collectively, we provide critical reproductive health services and a full range of contraceptive methods to 4 million individuals each year—but have the capacity to do so much more if additional funding were made available.

Our organization and our network of sub-recipients are committed to administering Title X funding in Texas with the highest integrity. This is proven not only by our efforts to rebuild, and in some places even to expand, the infrastructure that Texas lawmakers worked so hard to dismantle, but also by the quality and effectiveness of the services our sub-recipients deliver to their communities. Recent studies of the Texas family planning safety net found that client-centered, non-directive pregnancy options counseling was more common among Title X sub-recipients than state-only funded organizations¹⁵ and that Title X sub-recipients were less likely to report practices and barriers preventing women from receiving their preferred contraceptive method in a timely manner than state-only funded organizations.¹⁶ While the funding we provide is critical to the success of our sub-recipients, so are the exacting quality assurance and monitoring activities and the training and technical assistance on best practices that we offer.

Given the opportunity to sit at this table today, other grantees and sub-recipients could describe to you the innovative ways in which they too are meeting the unique needs of the communities they serve—from employing the use of telemedicine and mobile units to deliver family planning services outside the four walls of a clinic, to partnering with community-based organizations to conduct culturally appropriate outreach and education about the availability of Title X services, to providing mental health and substance use disorder screening in the context of family planning services, to maintaining robust referral networks for a host of health care and social services to ensure that each client’s individual needs are met. Each Title X project is designed by

¹⁴ Loretta Gavin, Susan Moskosky, Marion Carter, et al., *Providing quality family planning services: recommendations of CDC and the U.S. Office of Population Affairs*, MMWR Recomm Rep 2014;63(No. RR-04).

¹⁵ Kari White, Katelin Adams, and Kristine Hopkins, *Counseling and referrals for women with unplanned pregnancies at publicly funded family planning organizations in Texas*, *Contraception* 99(1) 48-51 (2019).

¹⁶ Kari White, Elizabeth Ela, Kristine Hopkins, and Joseph E. Potter, *Providers’ Barriers to Offering Contraception in the Healthy Texas Women (HTW) Program*, Texas Policy Evaluation Project Research Brief (2019), <https://liberalarts.utexas.edu/txpep/research-briefs/htw-provider-evaluation-brief.php>.

communities, for communities, informed by the key tenant of Title X: to provide poor and low-income patients equal access to quality family planning services

As I have shared with you today, I believe that, if implemented, the administration's dramatic changes to the Title X family planning program would undermine the integrity of the nation's family planning safety net in ways similar to what we experienced in Texas. Instead, we should learn from Texas and ensure that Title X funding continues to be administered by those most qualified and committed to providing a full package of family planning services in an evidence-based, client-centered manner, helping to advance the reproductive health and well-being of millions of low-income, uninsured, and underinsured individuals who turn to Title X for care every year.

Thank you for the opportunity to testify today. I look forward to answering any questions you may have.